

DEPARTMENT OF THE NAVY

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CINCPACFLT/CINCLANTFLTINST 5450.5B
N01M/N02M
15 Feb 00

CINCPACFLT/CINCLANTFLT INSTRUCTION 5450.5B

Subj: FLEET SURGICAL TEAMS (FST)

Ref: (a) CNO ltr Ser 09B22/OU509813 of 11 Jan 90 (NOTAL)
(b) CNO ltr Ser 09B22/2U509984 of 2 Apr 92 (NOTAL) (A)
(c) CNO ltr Ser 09B22/SUS10144 of 21 Dec 95 (NOTAL) (A)
(d) CNO ltr Ser 09B22/6U509598 of 8 Feb 96 (NOTAL)

1. Purpose. To establish the mission and publish policy on the management and assignment for FSTs under Commander in Chief, U.S. Pacific Fleet (CINCPACFLT) and Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT). (R)

2. Cancellation. CINCPACFLT/CINCLANTFLTINST 5450.5A.

3. Background. FSTs were established by references (a) through (d) to increase the effectiveness of Fleet medical and surgical support by creating fully dedicated Fleet medical assets designed specifically to provide Echelon Two medical and surgical capability for deploying Amphibious Ready Groups (ARG) in support of peacetime forward presence missions and contingency operations. (R)

4. Mission. Provide medical and surgical support to designated operating forces of the Atlantic and Pacific Fleets during Fleet and Fleet Marine Force (FMF) exercises and routine deployment of ARGs. FSTs will normally be deployed on the ARG Casualty Receiving and Treatment Ships (CRTS). (R)

5. Policy

(A

a. The major claimant of the FSTs is the applicable Fleet Commander (CINCPACFLT and CINCLANTFLT). Although the FSTs are assigned to the appropriate Surface Force (Commander, Naval Surface Force, U.S. Pacific Fleet (COMNAVSURFPAC) and Commander, Naval Surface Force, U.S. Atlantic Fleet (COMNAVSURFLANT)), their Administrative Control and Operational Control are the responsibility of the applicable Commander Amphibious Squadron (COMPHIBRON).

b. When embarked for workups or deployed:

(1) The FST Officer in Charge (FST OIC) is designated the Commander Amphibious Task Force (CATF) Surgeon and will be assigned to the CATF Staff. The primary duties of the CATF Surgeon are to be the medical advisor to the CATF for medical planning purposes and be the Senior Medical Authority Afloat (SMAA) for the ARG.

(2) The FST Administrative Officer is designated the CATF Medical Regulating Officer (MRCO) and will be assigned to the CATF Staff. The primary duties of the MRCO are to establish and manage the medical regulating net and to assist with medical administrative matters.

(3) The FST (except for the CATF Surgeon and the MRCO) shall be assigned Temporary Additional Duty (TAD) to the Medical Department of the ARG and will be integrated into the ship's routine Medical Department operations. The ship's Medical Department Head is in charge of the Medical Department and is responsible for all health care delivery on their platform.

c. When not required for Fleet operations (workup, deployment or contingency operations):

(1) FST shall be organized administratively under the appropriate FST OIC who shall ensure the team is fully trained and capable of performing all duties at sea and shall coordinate the administrative requirements of that team.

(2) FST personnel will be assigned to a local Medical Treatment Facility (MTF) in an Additional Duty capacity to maintain their professional skills. The exception will be the FST OIC (CATF Surgeon) who will normally assist the applicable COMPHIBRON Commander by providing medical continuity for long-term planning in support of amphibious operations, optimize the medical readiness of the COMPHIBRON and perform requisite medical intelligence and assessment processes. Those teams ADDU to the MTFs will not be assigned for any specific period of time and will be recalled to their primary assignment with the FSTs when operational requirements dictate.

d. FSTs will be funded through their respective Type Commander expense limitation budget. The surface force will include FST funding requirements in its Program Objective Memorandum (POM) and budget submissions.

e. Medical equipment and supplies to support embarked FSTs are organic to the ship's Authorized Minimal Medical Allowance Lists.

6. Action

a. CINCPACFLT and CINCLANTFLT will periodically review the policies, mission, functions and task. (A)

b. COMNAVSURFPAC and COMNAVSURFLANT will: (A)

(1) Provide medical administrative support to the COMPHIBRONs for the maintenance and operation of the FSTs.

(2) Provide the FSTs with an annual OPTAR for administrative supplies. FSTs shall have input in adjusting OPTAR funding via routine budget calls/POM submissions.

(3) COMNAVSURFPAC is the medical privileging authority for the Pacific Fleet FSTs (One, Three, Five, Seven and Nine) and will oversee the credentialing and privileging of these medical staffs and supervise all performance improvement/quality assurance activities via the Executive Committee of the Medical Staff (ECOMS).

(4) COMNAVSURFLANT is the medical privileging authority for Atlantic Fleet FSTs (Two, Four, Six and Eight) and will oversee the credentialing and privileging of these medical staffs and supervise all quality assurance/process improvement via the Fleet Surgeon's ECOMS.

c. Commander Amphibious Groups (COMPHIBGRU) will:

(1) Exercise general courts-martial authority.

(2) Maintain OPTAR and temporary additional duty target.

d. COMPHIBRONs: (R)

(1) Serve as Regular Reporting Senior for the Officer in Charge of the applicable FSTs.

(2) Ensure adequate berthing is provided to the CATF Surgeon and MRCO.

(3) Ensure the CATF Surgeon is given sufficient authority and support to perform the duties of SMAA.

(4) Ensure the CATF Surgeon is involved with operations planning evolutions.

(5) Provide logistic, communication and administrative support.

e. Naval Medical Centers Portsmouth, VA, and San Diego, CA, U.S. Naval Hospital, Okinawa, and U.S. Naval Hospital, Yokosuka will:

(1) Provide a single point of contact for FST related matters at the respective MTFs.

(2) Provide FST personnel an opportunity to obtain clinical training to the maximum extent possible. FST members will be afforded priority in class assignment to Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

(3) Ensure officer and enlisted FST members, work within their specialty area. Assign primary care providers to clinical areas where exposure to trauma patients can be expected.

(4) Coordinate with the appropriate operational Professional Affairs Coordinator (Pacific - COMNAVSURFPAC (N01M); Atlantic - CINCLANTFLT (N02M)) on all matters of credentialing, privileging and certification of FST personnel. Coordinate involvement of personnel in performance improvement/quality assurance and peer review activities.

(5) Provide opportunity for FST personnel to take annual leave and attend training courses and seminars.

(6) Coordinate with appropriate FST OIC for leave and TAD. Training TAD for FST members will be supported/funded by Fleets. Other TAD (conferences, seminars and Continuing Medical Education (CME)) requested will be submitted to Health Science Education and Training Command for funding.

(7) Integrate and assign FST members on board watches consistent with their specialties and equitable with those assigned to other members of the MTF staff.

(8) Provide timely, concurrent FITNESS reports and evaluations for FST personnel to the CATF Surgeon. In the case of the FST OIC, forward to the appropriate COMPHIBRON Commander.

(9) Release FST members from ADDU when required for training, deployments and other periods during which FST members must respond.

(10) Assist FST members residing in hospital barracks in storage of personal items in the event of immediate deployment.

f. Commanding Officers of ships to which FSTs are assigned (when FST embarked):

(1) Integrate members into the ship's medical department to create a seamless care environment.

(2) Ensure adequate berthing is provided to members of the FST commensurate with their rank/rate.

(3) Provide concurrent fitness reports and concurrent evaluation reports for periods of embarkation (usually performed at the end of deployment).

g. FST - OIC:

(1) Act as regular reporting senior, for FST members IAW BUPERS Instruction.

(2) Provide for and maintain training records on military, clinical, non-clinical and technical training, including but not limited to Neo-natal Resuscitation Protocol, BLS, Pediatric Advanced Life Support, ACLS, Pre-Hospital Trauma Life Support, Trauma Nurse Corps Course and ATLS seminars, conferences, Continuing Education Units, and CME credit for FST members. Forward a copy of all the aforementioned updated training to the privileging authority.

(3) Coordinate all periods of availability/non-availability with appropriate MTF and provide as much advanced notification of these periods as possible.

(4) Ensure each FST member is fully deployable, including but not limited to training, immunizations, passports, uniforms and physical readiness qualifications.

(5) Require FST members to stand watches at the MTF insofar as it does not conflict with operational commitments.

(6) Coordinate with the appropriate operational Professional Affairs Coordinator (COMNAVSURFPAC or COMNAVSURFLANT) on all matters of credentialing, privileging, and certification of FST personnel.

(7) Keep MTF informed and make timely notification for scheduled training.

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(8) Non-judicial punishment (NJP) authority, Article 15 UCMJ, will rest with the Officer in Charge when not embarked and with the Commander/Commanding Officer of the Amphibious Squadron/Ship when embarked. During periods of TAD to the MTF, NJP authority will rest with the Commanding Officer of the MTF.

h. Post Deployment Critiques. A coordinated CATF Surgeon/ships medical department post deployment critique will be submitted to the appropriate Fleet CINC (CINCPACFLT (N01M) or CINCLANTFLT (N02M), copy to Chief of Naval Operations (N0931) and (N7-Navy Lessons Learned)) via the chain of command no later than 30 days after return to homeport. Provide an advance copy to the appropriate TYCOM and PHIBGRU.

7. Action. FST personnel and all commands requesting, supporting or utilizing FSTs will comply with the policies and guidance contained in this instruction.

//signed//
T.W. LAFLUR
Deputy and Chief of Staff
CINCLANTFLEET

//signed//
A.G. HARMS JR.
Deputy and Chief of Staff
CINCPACFLEET

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